

## CHAPTER 17

### FORMS FOR SELF-REPRESENTED LITIGANTS

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## **CHAPTER 17**

### **FORMS FOR SELF-REPRESENTED LITIGANTS**

**Rule 17:1: Use of forms; mandatory for self-represented litigants.** An individual who is not represented by an attorney must use these forms. An attorney may use these forms but is not required to do so. Instructions on how to use the forms can be found at [www.iowacourts.gov/Court Rules and Forms/Family Law Forms/](http://www.iowacourts.gov/Court Rules and Forms/Family Law Forms/) on the judicial branch website.  
[Court Order May 16, 2007]

**Rules 17:2 to 17:99:** Reserved.

**Rule 17:100: Family law forms.**

**Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children***

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

**Do not use this form if any of the following are true:**

- You are not married.
- Neither you nor your spouse has lived in Iowa for the last year before filing this Petition.
- Petitioner or Respondent is pregnant.
- There are children 18 years of age or older (born or adopted) who still need support (for example, the child is in high school or college, or is disabled).
- There are children under the age of 18 who are children (born or adopted) of both spouses before or during the marriage, even if Petitioner or Respondent is not the natural parent.

 *If filing electronically, you must provide any protected information in full on form 111.*

 *If filing in paper, you may use form 111 to provide any protected information in full.*

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where you are filing this Petition*

**In Re the Marriage of:**

\_\_\_\_\_  
*Your current legal name*

\_\_\_\_\_  
*Your spouse's current legal name*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Your full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Your spouse's full name: first, middle, last*

\_\_\_\_\_  
*For clerk's use only*

**Petition for Dissolution of Marriage with  
 no Minor or Dependent Adult Children**

**1. Personal Information** *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your street address, phone number, and email blank.*

**A. Petitioner's (your) birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*

**B. Respondent's (your spouse's) birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (\_\_\_\_\_)\_\_\_\_\_. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: [http://www.iowacourts.gov/Administration/Directories/ADA\\_Access/](http://www.iowacourts.gov/Administration/Directories/ADA_Access/).

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

## 2. General Information About the Marriage and the Parties

### A. Date and location of the marriage

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Month Day Year City State*

### B. Children

*Check all that are true*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.  
 (2)  There are no children under the age of 18 who were adopted or born during this marriage.  
 (3)  There are no children 18 years of age or older who still need support.  
 (4)  Neither Petitioner nor Respondent is pregnant.

### C. Petitioner's residence

You cannot get a divorce in Iowa if your spouse does not live in Iowa and you have lived in Iowa for less than one year, or if you came to live in Iowa just to get a divorce.

*If you have questions about this, talk to an attorney.*

- (1) The **only** reason that Petitioner (you are Petitioner) is living in Iowa is just to get a divorce.  
 True  
 False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*
- (2) Petitioner has lived in Iowa for the last \_\_\_\_\_ years and \_\_\_\_\_ months in \_\_\_\_\_ county.  
  - *If you have always lived in Iowa, count the time since your birth.*
  - *If you have been a resident of another state, count the time since you last moved to Iowa.*

### D. Parties' residence

*Check each that is true*

- (1)  Petitioner has lived in Iowa for more than one year.  
 (2)  Respondent (your spouse) is a resident of Iowa.

### E. Condition of the marriage

*Check all that are true*

- (1)  The marriage is broken and cannot be saved.  
 (2)  This is the only divorce case going on involving this marriage.  
*If you did not check (2), explain in H. You should also talk to an attorney.*  
 (3)  This Petition is being filed in good faith for the purpose of ending the marriage.  
 (4)  Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

#### F. Respondent's status

*Check each that is true*

- (1)  Respondent (your spouse) is in the military service.  
*If you check (1), note that there are special rules that may prevent your case from going forward if your spouse is in the military. You should talk to an attorney.*
- (2)  Respondent is in prison or jail at \_\_\_\_\_ in \_\_\_\_\_.  
*Name of facility State*

#### G. Protective or no contact order

*Check one*

- (1)  There is neither a "protective order" nor a "no contact order" between Petitioner (you) and Respondent (your spouse).
- (2)  There is a "protective order" or a "no contact order" between Petitioner and Respondent.  
*If you check (2), fill in the following information:*
- a. County and state where the order came from: \_\_\_\_\_  
*County State*
- b. Court case number: \_\_\_\_\_

H. Other information: \_\_\_\_\_

### 3. Petitioner's Request

#### A. Petitioner asks the court to:

*Check all that apply. The court will only consider items that are checked.*

- (1)  End the marriage of Petitioner (you) and Respondent (your spouse).
- (2)  Fairly divide the property and the debts of the parties.
- (3)  Order that Respondent pay the court fees.
- (4)  Order that Respondent pay for Petitioner's attorney's fees before the divorce is final.  
*If you check (4), you must file form 122.*
- (5)  Order that Respondent pay spousal support (alimony) to Petitioner.  
*If you check (5), you must file form 122.*
- (6)  Change Petitioner's last name to: \_\_\_\_\_  
*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*  
*Print your former or birth name*
- (7)  Other request: \_\_\_\_\_

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

#### 4. Attorney Help

*Check one*

- A.  An attorney did not help me prepare or fill in this paper.  
 B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

#### 5. Service Instructions

If Petitioner is filing in paper

*Check one*

- A.  Petitioner will accept service of documents at the attorney's address listed above; or  
 B.  Petitioner will accept service of documents in this case at the mailing address below.

#### 6. Oath and Signature

I, \_\_\_\_\_, have read this Petition, and I certify under penalty  
*Print your name*

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Petition is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Important Notice to Petitioner**  
 See next page for instructions for filing a Petition.

## Do not file these instructions

### Instructions for Filing a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

#### Filing your Petition electronically

- If you are filing your divorce case in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#).
- After you have registered, [log in to the electronic filing system](#) to electronically file your dissolution case.
- For help electronically filing your divorce, see [How to eFile a New Case](#).
- With your Petition, you must also file an Original Notice (104) and a Protected Information Disclosure Form (111).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Petition and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your filing. For help, see [How to Resubmit a Returned Filing](#).
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) your spouse.
- For help finding and downloading your Petition and Original Notice, please see [My Filings Reference Guide](#).

#### Filing your Petition in paper

- If the county where you will be filing your Petition does not yet accept electronic filing, you may proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless you have received permission from the court to file in paper.
- With your Petition (101), you must also file a Petition Cover Sheet (102), an Original Notice (104a), and a Confidential Information Form (103).
- Forms 101 and 104a: Make **two** photocopies if you can deliver copies of these forms to your spouse in-person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to your spouse.  
*Note about making photocopies:* You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.
- Forms 102 and 103: You do **not** have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing a Petition for a divorce.
- Give the clerk at the counter these forms:

Instructions for Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

- 101 Petition for Dissolution of Marriage (Divorce) with no Minor Children
- 102 Coversheet for a Petition for Dissolution of Marriage with no Minor Children
- 103 Confidential Information Form (*Do not make copies of this form.*)
- 104a Original Notice

- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 109.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (104a). You will have to serve this form on (deliver it to) your spouse.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

**Do not file these instructions**



**Rule 17.100—Form 103: Confidential Information Form**

**This form is to be used by paper filers only.**

**Each party** must complete one of these forms if filing in paper.

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*  
*The spouse who files the Petition for Dissolution of Marriage*

and concerning

**Respondent** *Full name: first, middle, last*  
*The other spouse*

Equity case no. \_\_\_\_\_

**Confidential Information Form**

**1. Petitioner's information**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Full name: First, Middle, Last      Birth date      Social Security number*

**2. Respondent's Information**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Full name: First, Middle, Last      Birth date      Social Security number*

**3. Signature of Provider of Information**

Information provided by: \_\_\_\_\_  
*Print your full name: first, middle, last*

\_\_\_\_\_, 20\_\_\_\_  
*Your signature      Month      Day      Year*

**Important Notice:**  
Do not give copies of this form to anyone except the clerk of court.

**Rule 17.100—Form 104: *Original Notice for Personal Service***

**Petitioner must serve the Petition on Respondent within 90 days** after filing the Petition. Failure to meet this deadline may result in the court dismissing the divorce case.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website for additional important instructions.

 *If filing electronically, Petitioner must complete this form.*

 *If filing in paper, Petitioner must use form 104a.*

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where Petition is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

**Original Notice for Personal Service**

**To Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: \_\_\_\_\_  
*Petitioner's name*

\_\_\_\_\_  
*Mailing address*                      *City*                      *State*                      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*                      *Email address*

***Important instructions for Respondent on next page***

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (\_\_\_\_\_) \_\_\_\_\_. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: [http://www.iowacourts.gov/Administration/Directories/ADA\\_Access/](http://www.iowacourts.gov/Administration/Directories/ADA_Access/).

Rule 17.100—Form 104: *Original Notice for Personal Service*, continued

### Instructions to Respondent

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- B. For help in your divorce case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “Court Rules & Forms” or on “For the Public.”
- C. If you received Petition form **101**, you may use Answer form **115**.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
  - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
  - If you are unable to proceed electronically, you must receive permission from the court to file in paper. Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner’s attorney(s). A Notice of Electronic Filing (NEF) will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

### Important Notice to Respondent

You should talk to an attorney at once to protect your interests.

**Rule 17.100—Form 104a: Original Notice for Personal Service**

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website for additional important instructions.

-  If filing electronically, *Petitioner must use form 104.*
-  If filing in paper, *Petitioner must use this form.*

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Original Notice for Personal Service**

**1. To Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: \_\_\_\_\_  
*Petitioner's name*

\_\_\_\_\_  
*Mailing address*                      *City*                      *State*                      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*                      *Email address*

**2. Instructions to Respondent Named Above**

- You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- If you received Petition form **101**, you may use Answer form **115**.
- After you file your Answer or Motion, you must serve a copy of it on Petitioner.

(SEAL)

\_\_\_\_\_  
*Clerk of Court*

**Important Notice to Respondent**

You should talk to an attorney at once to protect your interests.

\_\_\_\_\_ County Courthouse

\_\_\_\_\_, Iowa \_\_\_\_\_  
*City*                      *ZIP code*

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (\_\_\_\_\_) \_\_\_\_\_. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: [http://www.iowacourts.gov/Administration/Directories/ADA\\_Access/](http://www.iowacourts.gov/Administration/Directories/ADA_Access/).

[Court Order November 6, 2013]

**Rule 17.100—Form 105: *Acceptance of Service***

**Petitioner** must complete this section:

<b>In the Iowa District Court for _____ County</b> <i>County where Petition is filed</i>	
<b>Upon the Petition of</b>  <b>Petitioner</b> <i>Full name: first, middle, last</i>  and concerning  <b>Respondent</b> <i>Full name: first, middle, last</i>	Equity case no. _____  <p style="text-align: center;"><b>Acceptance of Service</b></p>
<i>Petitioner must file this form with the clerk of court soon after Respondent signs it.</i>	

**Respondent** must complete this section:

<p><b>Respondent's Acceptance of Service, Oath, and Signature</b></p> <p><i>If Respondent completes this Acceptance of Service, Respondent must return this form to Petitioner soon after signing it. Petitioner will file it with the clerk of court.</i></p> <p>I, _____, am Respondent in this case. I received a copy  <i>Print your name</i></p> <p>of the Original Notice and the Petition for this case. I have read this Acceptance of Service. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Acceptance of Service is true and correct.</p> <p>_____, 20____  <i>Signed: Month Day Year Respondent's signature</i></p> <p>_____  <i>Respondent's mailing address City State ZIP code</i></p> <p>(_____) _____  <i>Phone number Email address</i></p>			
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**Important Notice to Respondent**

By signing this form, you are not agreeing to what Petitioner wants.  
 You are only agreeing that you received a copy of the Original Notice and Petition.

**Rule 17.100—Form 106: *Directions for Service of Original Notice***

**Petitioner** must complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

*Do not use this form if Respondent has already received the Petition and Original Notice.*

*Do not file this form with the clerk of court in paper or electronically.*

Give this form to the sheriff or other process server with your Petition (101) and Original Notice (104 if electronically filing or 104a if filing in paper).

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

\_\_\_\_\_ County where Petition is filed

\_\_\_\_\_ Equity case number

**1. Name and Location of Sheriff or Other Process Server**

*Check one and fill in the blanks*

A.  **Sheriff** *In county where Respondent will be served*

\_\_\_\_\_ County

\_\_\_\_\_ Street address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

B.  **Other process server**

\_\_\_\_\_ Name of other person serving the Notice

\_\_\_\_\_ Street address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

**2. Person to be Served**

\_\_\_\_\_ Your spouse's name

(\_\_\_\_\_) \_\_\_\_\_ Phone number

\_\_\_\_\_ Address where your spouse can be served

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

**3. Person Requesting Service**

\_\_\_\_\_ Your name

(\_\_\_\_\_) \_\_\_\_\_ Phone number

\_\_\_\_\_ Your present mailing address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

**4. Special Instructions for Service** *Provide information that will help the sheriff or process server.*

*Continued on next page*

Rule 17.100—Form 106: *Directions for Service of Original Notice*, continued

**5. Costs of Service**

*Check one*

A.  Petitioner will pay the costs of the Sheriff or other process server.  
*If you cannot afford the costs, file form 109.*

B.  Costs for Sheriff deferred by court order: \_\_\_\_\_  
*Clerk of court: Sign only if costs deferred by court order*

**6. Notification**

After completion of service, the sheriff or other process server will notify the person requesting service.

\_\_\_\_\_, 20\_\_\_\_  
*Date signed: Month Day Year Your signature*

[Court Order May 16, 2007; November 6, 2013]

**Rule 17.100—Form 107: Motion and Affidavit to Serve by Publication**

**Petitioner:** Use this form only if you do not know where your spouse lives or works.

- You must contact a newspaper that is generally distributed or circulated throughout the county where you filed the Petition.
- Ask if the newspaper will publish your Original Notice by Publication (108) in your divorce case.
- Tell the newspaper you need to publish the Notice once each week for three weeks in a row.
- If the newspaper can publish your Notice three weeks in a row, ask how much it will cost.
- Tell the newspaper you will call back to arrange for publishing your Notice after a judge gives you permission to publish your Notice in the newspaper.
- The fees for publication are set by statute in Iowa Code section 618.11.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where you filed the Petition*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Motion and Affidavit to Serve by Publication**

**1. Information and Requests**

**A. Respondent's residence**

*Check each that applies*

- (1)  Respondent lives outside of Iowa.
- (2)  Respondent's residence and place of employment are unknown.

**B. Respondent's last known residence:**

\_\_\_\_\_  
*Street address*                      \_\_\_\_\_  
*City*                                      \_\_\_\_\_  
*State*                                      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*                                      \_\_\_\_\_  
*Phone number*                      \_\_\_\_\_  
*Email address*

**C. Most recent date Respondent is known to have been at the address above:**

\_\_\_\_\_, 20\_\_\_\_  
*Month*                      *Day*                      *Year*

Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication*, continued

D. Petitioner has taken these steps to find Respondent: \_\_\_\_\_

E. Petitioner will publish notice in this newspaper: \_\_\_\_\_  
*Name of newspaper*

F. Petitioner asks the court to allow Petitioner to serve Respondent by publication because Respondent cannot be personally served.

*Continued on next page*

Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication*, continued**2. Attorney Help***Check one*

- A.  An attorney did not help me prepare or fill in this paper.  
 B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**3. Oath and Signature**

I, \_\_\_\_\_, have read this Motion and Affidavit, and I certify  
*Print your name*

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Motion and Affidavit is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.100—Form 108: Original Notice by Publication**

**Petitioner** should complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

After you take this Notice to the newspaper, promptly mail a copy of this Notice and the Petition to Respondent's last known mailing address.

**Note to Petitioner:** Fill in third date of publication in section 2 below.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

**Newspaper: Publish only the information below this line.**

**In the Iowa District Court for \_\_\_\_\_ County**

*County where Petition is filed*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Original Notice by Publication**

**Petitioner** *Full name: first, middle, last*  
and concerning

**Respondent** *Full name: first, middle, last*

**1. Information for Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- Petitioner's contact information during the divorce case:

\_\_\_\_\_  
*Petitioner's first name      Middle name      Last name*

\_\_\_\_\_  
*Petitioner's present street address      City      State      ZIP code*

\_\_\_\_\_  
*County      (      )      Phone number      Email address*

**2. Respondent's deadline for filing a Response**

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after

\_\_\_\_\_, 20\_\_\_\_.  
*Month      Day      Year*

**3. Instructions to Respondent Named Above**

*You must file an Answer or a Motion with the clerk of court in the above county within 20 days after the date provided above. If you do not respond, the court may enter a judgment against you giving Petitioner what he or she asked for in the Petition.*

**Important Notice to Respondent**

- You should talk to an attorney at once to protect your interests.
- If you choose not to have an attorney represent you in this matter, go to the Iowa Judicial Branch website for [self-represented litigant information](#) and [family law forms](#).

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (      ) \_\_\_\_\_. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: [http://www.iowacourts.gov/Administration/Directories/ADA\\_Access/](http://www.iowacourts.gov/Administration/Directories/ADA_Access/).

Rule 17.100—Form 108: *Original Notice by Publication*, continued

**Newspaper:** only publish the instructions below if your county uses electronic filing. To determine if your county uses electronic filing, check the map available on the Iowa Judicial Branch website under “eFiling,” or call the clerk of court office in your county.

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- You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile/> and obtain a log in and password to file and view documents in your case and to receive service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
- For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

**Rule 17.100—Form 109: Application and Affidavit to Defer Payment of Costs**

**Petitioner uses this form** only if Petitioner cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Application and Affidavit to  
Defer Payment of Costs**

**1. Request**

A. I am Petitioner.

B. For my Application and Affidavit, I state that:

*Check all that apply*

- (1)  I am unable to pay the filing fee or service costs or other court costs.
- (2)  I ask the court for permission to proceed without prepayment of costs and fees.
- (3)  I am filing this Application and Affidavit in good faith.
- (4)  I believe I am entitled to what I am asking for in this case.

C. Household

There are \_\_\_\_\_ people living in my household.  
*Number*

D. My household income is \$ \_\_\_\_\_ per month.

*Put the total amount of all income and benefits before deductions for all members of your household.*

E. My income comes from:

*List the sources of your income. Examples: salary, wages, or benefits such as unemployment, Title 19, FIP.*

Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*, continued

**F. My household has the following monthly expenses:**

- (1) Rent or mortgage    \$ \_\_\_\_\_
- (2) Utilities            \$ \_\_\_\_\_
- (3) Phone                \$ \_\_\_\_\_
- (4) Food                 \$ \_\_\_\_\_
- (5) Transportation     \$ \_\_\_\_\_

**G. I have \$ \_\_\_\_\_ in cash, checking, and savings.**

*Continued on next page*

Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*, continued**2. Attorney Help***Check one*

- A.  An attorney did not help me prepare or fill in this paper.  
 B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**3. Certification of Service by Mailing or Delivery***Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name*      *Month*      *Day*      *Year*

I mailed or gave a copy of this Application and Affidavit to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Party's or attorney's mailing address*      *City*      *State*      *ZIP code*

**4. Oath and Signature**

I, \_\_\_\_\_, have read this Application and Affidavit, and I certify under  
*Print your name*

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Application and Affidavit is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address – if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.100—Form 110: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage**

This form is used only if someone other than Petitioner (you), a sheriff, or a process server delivered a copy of the Petition and Original Notice to Respondent (your spouse).

- The person, other than Petitioner, who gave the Petition and Original Notice to Respondent, fills in this form.
- Petitioner, or the person who gave the Petition and Original Notice to Respondent, must file this form with the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for \_\_\_\_\_ County  
*County where Petition is filed*

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Service of Original Notice and Petition for Dissolution of Marriage**

**1. Affidavit**

I, \_\_\_\_\_, delivered a copy of the Original Notice and  
*Name of person – Cannot be Petitioner, sheriff, or process server*  
Petition for Dissolution of Marriage for this case to:

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
*Name of Respondent Month Day Year Time*

*Check one*  
 a.m.  
 p.m.

by handing Respondent copies of the attached papers.

**2. Oath and Signature**

*To be completed by the person who gave the Petition and Original Notice to Respondent.*

I, \_\_\_\_\_, have read this Affidavit of Service, and I certify  
*Print your name*

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Affidavit of Service is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address – if available*

\* If you are filing electronically, scan the form after signing it and then file electronically.

**Rule 17.100—Form 111: *Protected Information Disclosure***

It is the responsibility of counsel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see division VI of Chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422.

*Use this form to identify the full version of any protected information redacted in other documents you have filed.*

**If filing electronically:**

- **Petitioner** must complete this form (111) and file it with the Petition (101) and Original Notice (104).
- **Respondent** must complete this form if adding or correcting protected information.

**Paper filers** also may use form 111 to assist in complying with Iowa Rule of Civil Procedure 1.422.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Protected Information Disclosure**

**For electronic filers:**

When protected information, as defined in Iowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in non-confidential documents, a party shall include the protected information on this form.

For an explanation of a filer’s responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

**1. Petitioner** *The spouse who filed for divorce.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

A. Name \_\_\_\_\_  
*First Middle Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Social security number	- - XXX-XX-XXXX	Last four digits only
(2) Financial account numbers	Full account number	Partial account number only
(3) Date of birth	/ / mm/dd/yyyy	Year only
(4) Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only



Rule 17.100—Form 111: *Protected Information Disclosure*, continued

**3. Information provided by:**

	/s/	
<i>Handwritten signature of party completing this form or attorney if filing in paper</i>		<i>Electronic signature of party completing this form or attorney if filing electronically</i>

\_\_\_\_\_  
*Law firm, if applicable*

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

<i>Email address</i>	<i>Additional email address, if applicable</i>

		20	
<i>Month</i>	<i>Day</i>	<i>Year</i>	
<i>Date information provided</i>			

**Rule 17.100—Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children**

**Respondent** must file an Answer within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against Respondent** giving Petitioner what he or she asked for in the Petition.

Use this Answer form 115 if you received Petition form 101, otherwise use form 116.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111).*

 *If filing in paper, you may use form 111.*

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for** \_\_\_\_\_ **County**  
*County where your spouse filed the Petition*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Your spouse's full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Your full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
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**1. Personal Information** *Fill in all information that you know.*

**A. Petitioner's information**

*Check one*

*If paragraph 1A of the Petition (form 101) is not correct, check (2) and fill in the blanks.*

(1)  Petitioner's (your spouse's) birth year and present residence are correct in the Petition.

(2)  Petitioner's birth year and present residence are not correct in the Petition.

The correct information is: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_ *Present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_ *County*      (\_\_\_\_\_) \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

**B. Respondent's information**

*Check one*

*If paragraph 1B of the Petition (form 101) is not correct, check (2) and fill in the blanks.*

(1)  Respondent's (your) birth year and present residence are correct in the Petition.

(2)  Respondent's birth year and present residence are not correct in the Petition.

The correct information is: \_\_\_\_\_  
*Birth year*

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

\_\_\_\_\_  
*Present street address*                      *City*                      *State*                      *ZIP code*

\_\_\_\_\_  
*County*                      (\_\_\_\_\_)                      *Phone number*                      *Email address*

**2. General Information About the Marriage and the Parties**

**A. Date and location of the marriage**

*Check one*

*If paragraph 2A of the Petition (form 101) is not correct, check (2) and fill in the blanks.*

- (1)  The date and location of the marriage are correct in the Petition.
- (2)  The date and location of the marriage are not correct in the Petition.

The correct information is:

\_\_\_\_\_, \_\_\_\_\_  
*Month*                      *Day*                      *Year*                      *City*                      *State*

**B. Children**

*Check all that are true*

*If you do not check one or more of these boxes, explain in 2I.*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2)  There are no children under the age of 18 who were adopted or born during this marriage.
- (3)  There are no children 18 years of age or older who still need support.
- (4)  Neither Petitioner nor Respondent is pregnant.

**C. Petitioner's residence**

- (1) The **only** reason that Petitioner (your spouse) is living in Iowa is just to get a divorce.

True

False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*

- (2) *If you disagree with paragraph 2C(2) of the Petition (form 101), fill in the blanks.*

Petitioner has lived in Iowa for the last \_\_\_\_\_ years and \_\_\_\_\_ months

In \_\_\_\_\_ county.

*Continued on next page*



Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

### 3. Respondent's Request

#### A. Respondent asks the court to:

*Check all that apply. The court will only consider items that are checked.*

*If you do not know what you want, talk to an attorney.*

- (1)  End the marriage of Respondent (you) and Petitioner (your spouse).
- (2)  Fairly divide the property and the debts of the parties.
- (3)  Order that Petitioner pay the court fees.
- (4)  Order that Petitioner pay for Respondent's attorney's fees before the divorce is final  
*If you check (4), you must file form 122.*
- (5)  Order that Petitioner pay spousal support (alimony) to Respondent.  
*If you check (5), you must file form 122.*
- (6)  Change Respondent's last name to: *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*  
\_\_\_\_\_ *Print your former or birth name*

B.  Other request: \_\_\_\_\_

*Continued on next page*

Rule 17.100—Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children, continued

**4. Attorney Help**

Check one

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**5. Service Instructions**

If Respondent is filing in paper

Check one

- A.  Respondent will accept service of documents at the attorney's address listed above; or
- B.  Respondent will accept service of documents in this case at the mailing address below.

**6. Certification of Service by Mailing or Delivery**

Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name*      *Month*      *Day*      *Year*

I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Party's or attorney's mailing address*      *City*      *State*      *ZIP code*

**7. Oath and Signature**

I, \_\_\_\_\_, have read this Answer, and I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Answer is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address – if available*

\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically

**Important Instructions for filing this form on next page.**

Instructions for Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

## Do not file these instructions

### Instructions for Filing an Answer to a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

#### Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

#### Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Petition if box 5B on the Petition is checked.

## Do not file these instructions



Rule 17.100—Form 116: *General Answer to a Petition*, continued

**D. Protective or no contact orders**

*Check one*

- (1)  There is neither a “protective order” nor a “no contact order” between Respondent (you) and Petitioner (your spouse).
- (2)  There is a “protective order” or “no contact order” between Respondent and Petitioner.

*If you check (2), fill in the following information:*

a. County and state where the order came from: \_\_\_\_\_  
*County State*

b. Court case number: \_\_\_\_\_

**E. Respondent denies anything in the Petition that is not admitted in this Answer.**

**F. Other information:** \_\_\_\_\_

**2. Respondent’s Request** *If you do not know what you want, talk to an attorney.*

**Respondent asks the court to:** *Write here what you would like the court to do. For example, tell the court if you want a divorce. Be brief. Do not write long descriptions.*

*Continued on next page*

Rule 17.100—Form 116: *General Answer to a Petition*, continued

**3. Attorney Help**

*Check one*

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

<i>Name of attorney or organization, if any</i>	<i>Attorney's P.I.N. # – Ask the attorney</i>		
<i>Business address of attorney or organization</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
( )	( )		
<i>Attorney's phone number</i>	<i>Attorney's fax number – optional</i>	<i>Attorney's email address – optional</i>	

**4. Service Instructions**

If Respondent is filing in paper

*Check one*

- A.  Respondent will accept service of documents at the attorney's address listed above; or
- B.  Respondent will accept service of documents in this case at the mailing address below.

**5. Certification of Service by Mailing or Delivery**

*Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.*

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name* *Month* *Day* *Year*

I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

<i>Party's or attorney's mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

**6. Oath and Signature**

I, \_\_\_\_\_, have read this Answer, and I certify under penalty  
*Print your name*  
of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Answer is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year* *Your signature\**

\_\_\_\_\_  
*Mailing address* *City* *State* *ZIP code*

( ) \_\_\_\_\_  
*Phone number* *Email address* *Additional email address, if applicable*

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically*

**Important Instructions for filing this form on next page.**

Instructions for Rule 17.100—Form 116: *General Answer to a Petition*, continued

## Do not file these instructions

### Instructions for Filing an Answer to a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

#### Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self-Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

#### Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address on the Petition if box 5B on the Petition is checked.

## Do not file these instructions

**Rule 17.100—Form 122: *Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children***

Use this form if you want to ask the court to do something after your court case has already started.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
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**I am**

*Check one*

- A.  Petitioner  
 B.  Respondent

**1. Request**

**A. I ask the court to**

*Check all that apply. If you check any box in A, you must tell the court why you are making this request in B.*

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Order counseling (conciliation).
- (3)  Set a hearing date for a divorce Decree by default.
- (4)  Award me attorney's fees before the divorce is final.
- (5)  Award spousal support (alimony) to me before the divorce is final.
- (6)  Shorten the 90-day waiting period for getting a divorce Decree.
- (7)  Other request *Explain*

**B. I am making the request(s) in this Motion because:** \_\_\_\_\_

*Continued on next page*

Rule 17.100—Form 122: *Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**2. Attorney Help**

*Check one*

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(      ) \_\_\_\_\_      (      ) \_\_\_\_\_      \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**3. Certification of Service by Mailing or Delivery**

*Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.*

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name*      *Month*      *Day*      *Year*

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Party's or attorney's mailing address*      *City*      *State*      *ZIP code*

**4. Oath and Signature**

I, \_\_\_\_\_, have read this Motion, and I certify under penalty of  
*Print your name*  
perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Motion is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(      ) \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address – if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.100—Form 123: Response to a Motion**

Use this form if your spouse has filed a Motion (most likely form 122) and you disagree with what your spouse is asking the court to do in that Motion.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County

*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Response to a Motion**

I am

*Check one*

- A.  Petitioner  
 B.  Respondent

**1. Motion**

The other party filed a Motion on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

**2. Response**

*Check A or B.*

- A.  I agree with the Motion.  
 B.  I disagree with the request(s) in the Motion to:

*If you check B, check all of the following that apply. If you check any box in B, you must tell the court why you disagree with the request in C.*

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Order counseling (conciliation).
- (3)  Set a hearing date for a divorce Decree by default.
- (4)  Award my spouse attorney's fees before the divorce is final.
- (5)  Award spousal support (alimony) to my spouse before the divorce is final.
- (6)  Shorten the 90-day waiting period for getting a divorce Decree.
- (7)  Other request. *Explain* \_\_\_\_\_

Rule 17.100—Form 123: *Response to a Motion*, continued

C. I disagree with the Motion because: \_\_\_\_\_

*Continued on next page*

Rule 17.100—Form 123: *Response to a Motion*, continued**3. Attorney Help***Check one*A.  An attorney did not help me prepare or fill in this paper.B.  An attorney helped me prepare or fill in this paper.*If you check B, you must fill in the following information:*\_\_\_\_\_  
*Name of attorney or organization, if any      Attorney's P.I.N. # – Ask the attorney*\_\_\_\_\_  
*Business address of attorney or organization      City      State      ZIP code*(\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number      Attorney's fax number – optional      Attorney's email address – optional***4. Certification of Service by Mailing or Delivery***Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_\_  
*Print your name      Month      Day      Year*

I mailed or gave a copy of this Response to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*\_\_\_\_\_  
*Party's or attorney's mailing address      City      State      ZIP code***5. Oath and Signature**I, \_\_\_\_\_, have read this Response, and I certify under  
*Print your name*

penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Response and that the information I have provided in it is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month      Day      Year      Your signature\**\_\_\_\_\_  
*Mailing address      City      State      ZIP code*(\_\_\_\_\_) \_\_\_\_\_  
*Phone number      Email address      Additional email address – if available**\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children***

*Caution: This form may require you to provide protected or sensitive information.*

**Each party** must complete one of these forms.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*
- If filing in paper, you may use form 111 to provide any protected information in full if you have not already done so.*

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
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I am

*Check one*

- A.  Petitioner
- B.  Respondent

I, \_\_\_\_\_, state that this is a true and complete statement  
*Print your name*  
of my assets, debts, and present income as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
*Day* *Month* *Year*

**1. Assets** *Things you and your spouse own.*

**A. Real estate**

*Attach additional sheets if necessary.*

*\*Owner (Whose name is on the deed?): P = Petitioner R = Respondent J = Joint (Both)*

Type of real estate	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address</i>		\$	\$ to:	\$
(2) Other real estate <i>Address</i>		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on other assets.*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**B. Vehicles**

*Includes cars, trucks, motorcycles, and other motorized vehicles.*

*\*Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Vehicles</b> <i>Make (e.g. Ford)</i> <i>Year</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net Value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on other vehicles.*

**C. Securities, stocks, & bonds**

*\*Owner (Whose name is on the securities, stocks, or bonds?):*

*P = Petitioner R = Respondent J = Joint (Both)*

<b>Securities, stocks, &amp; bonds</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on other securities, stocks, & bonds.*

**D. Life insurance**

*\*Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Life insurance</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b> <i>Not death benefit</i>	<b>Loan from cash value</b> <i>Total amount still owed on loan</i>	<b>Cash value</b> <i>Minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

*Check this box if you have attached a sheet with additional information on life insurance.*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**E. Bank accounts***\*Owner (Whose name is on the checking or savings account?):**P = Petitioner R = Respondent J = Joint (Both)*

<b>Checking &amp; savings accounts</b> <i>Bank or Credit Union name If you do not use bank accounts, write "Cash"</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b>	<b>Personal loans or overdraft accounts</b> <i>Total amount you still owe on it</i>	<b>Net value</b> <i>Cash value minus loan / overdraft owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

 *Check this box if you have attached a sheet with additional information on other checking & savings accounts.*
**F. Household***\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Household contents</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt Total amount you still owe on it and to whom owed</b>	<b>Net value</b> <i>Market value minus debt owed</i>
(1) Furniture		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(2) Appliances / Electronics		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(3) Other contents		\$	\$	\$
a.		\$	to:	\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

b.		\$	\$ to:	\$
c.		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other household assets.

**G. Retirement assets**

\*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)

<b>Retirement assets</b> <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Loan from retirement account</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus loan owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other retirement assets.

**H. Other assets**

*Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.*

\*Owner: P = Petitioner R = Respondent J = Joint (Both)

<b>Other assets</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other assets.

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**I. Totals**

(1) <b>Total from attached sheets</b> <i>Listed in 1A-H.</i>	\$
(2) <b>Total net value of assets</b> <i>Listed in 1A-H.</i>	\$

**2. Other Debts** *Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.**\*Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)*

<b>Other debts</b> <i>List only those not included as "debt" or "loans" under "Assets" in part 1.</i>	<b>Whose debt?*</b> <i>P,R,J</i>	<b>Amount owed</b>
(1)		\$
(2)		\$
(3)		\$
(4)		\$
(5)		\$
(6)		\$
(7)		\$
(8)		\$
(9)		\$
(10)		\$
(11)		\$
(12)		\$
(13)		\$
(14)		\$
(15)		\$
<input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on other debts, and enter the total.</i>		\$
<b>Total other debts</b> <i>Including amounts shown on attached sheet, if any.</i>		\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**3. Income and Deductions**

**A. Petitioner's Income and Deductions** *If you are Respondent, give your best estimate for each amount.*

*\*How often is income paid or deduction taken?*

*W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

<b>Current income and deductions for Petitioner</b> <i>Sources of income and deductions</i>	<b>Income</b>		<b>Deductions</b>	
	<b>How often paid?*</b> <i>W,B,M,T</i>	<b>Gross amount</b> <i>Before deductions</i>	<b>How often taken?*</b> <i>W,B,M,T</i>	<b>Amount of deduction</b>
(1) Wages from employer <i>Employer name:</i>  <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i>  <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.</i>		\$		\$
<b>Totals</b> <i>Current income and deductions for Petitioner</i>		\$ Income total		\$ Deductions total

*Continued on next page*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**B. Respondent's Income and Deductions** *If you are Petitioner, give your best estimate for each amount.**\*How often is income paid or deduction taken?**W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

<b>Current income and deductions for Respondent</b> <i>Sources of income and deductions</i>	<b>Income</b>		<b>Deductions</b>	
	<b>How often paid?*</b> <i>W,B,M,T</i>	<b>Gross amount</b> <i>Before deductions</i>	<b>How often taken?*</b> <i>W,B,M,T</i>	<b>Amount of deduction</b>
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Respondent's income and deductions.</i>		\$		\$
<b>Totals</b> <i>Current income and deductions for Respondent</i>		\$ <b>Income total</b>		\$ <b>Deductions total</b>

**4. Expenses****A. Living arrangements***Check one*

- (1)  My spouse and I live in the same home.
- (2)  My spouse and I do not live in the same home.

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**B. My expenses***Note: You must complete this section if you or your spouse wants spousal support (alimony).**\*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly**T = Two times a month A = Annually*

<b>Type of expense</b>	<b>Paid to</b>	<b>How often paid?*</b> <i>W,B,M,T,A</i>	<b>Monthly payment</b>
(1) House payment or rent			\$
(2) Food <i>At home &amp; restaurants</i>			\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$
(5) Medical, dental <i>Not health insurance payments – see 4B(10).</i>			\$
(6) Utilities ( <i>gas, electric</i> )			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
<b>Total expenses</b>			\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**5. Attorney Help**

*Check one*

A.  An attorney did not help me prepare or fill in this paper.

B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**6. Certification of Service by Mailing or Delivery**

*Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing.*

*This document, if filed electronically, will automatically be served on registered parties.*

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name*      *Month*      *Day*      *Year*

I mailed or gave a copy of this Financial Affidavit to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Party's or attorney's mailing address*      *City*      *State*      *ZIP code*

**7. Oath and Signature**

I, \_\_\_\_\_, have read this Financial Affidavit, and I certify  
*Print your name*

under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Financial Affidavit and that the information I have provided in it is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address – if available*

*\* Whether filing electronically or in paper, you must handwritten your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.100—Form 125: Affidavit of Mailing Notice**

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Mailing Notice****1. Attorney Help**

*Check one*

- A.  An attorney did not help me prepare or fill in this paper.  
 B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**Important Notice to Petitioner**

Petitioner **must** file this if he or she served Notice by Publication in a newspaper and asks the court for a divorce Decree by default. Petitioner **must** also complete the oath and signature section on the next page.

*Petitioner's Oath and Signature on next page*

Rule 17.100—Form 125: *Affidavit of Mailing Notice*, continued

**2. Petitioner’s Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent by ordinary  
*Day Month Year*  
mail with proper postage, the following paper or papers:

*Check one*

- Original Notice and Petition for Dissolution of Marriage, or
- Notice of Intent to File a Written Application for Default Decree

to Respondent’s last-known address as follows:

\_\_\_\_\_  
*Respondent’s street address City State ZIP code*

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Petitioner’s signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address – if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.100—Form 126: Notice of Intent to File Written Application for Default Decree***If you do not understand how to use this form, or if you should use this form, talk to an attorney.***In the Iowa District Court for \_\_\_\_\_ County***County where your case is filed***Upon the Petition of****Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Notice of Intent to File Written Application for Default Decree****To:** \_\_\_\_\_  
*Respondent's first name Middle name Last name*Date of Notice: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year***Important Notice to Respondent:**

You are in default because you have failed to take action required of you in this case. Unless you act within **10 days** from the date of this Notice, a Default Decree of Dissolution of Marriage will be entered against you without a hearing, and you may lose your property or other important rights.

**You should seek legal advice at once.**

\_\_\_\_\_/s/\_\_\_\_\_  
*Handwritten signature of Petitioner or attorney if filing in paper or Electronic signature of Petitioner or Attorney if filing electronically*

The person who provided the signature above must fill in the information below.

\_\_\_\_\_  
*Present street address (If attorney, firm address) City State ZIP code*(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address***Instructions for Petitioner**** Filing your Notice electronically**

EDMS will automatically serve Respondent unless Respondent is exempt from electronic filing requirements.

** Filing your Notice in paper** (if you have received permission from the court to file in paper)

1. Deliver a copy of this form to Respondent by mail or in person.
2. Complete form 125 and file the original at the clerk of court's office.
3. File the original of this form (126) at the clerk of court's office.
4. Keep a copy for your records.

**Rule 17.100—Form 127: Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children**

*Caution: This form may require you to provide protected or sensitive information.*

**Use this form only if** you have filed a Petition for Dissolution of Marriage (101) and:

- Your spouse (Respondent) did not file an Answer, or
  - Your spouse will not work with you to prepare a Settlement Agreement (128).
-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*
-  *If filing in paper, you may use form 111 to provide any protected information in full if you have not already done so.*

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
--	--

**1. Personal Information** *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your address, phone number, and email blank.*

I am

*Check one*

- A.  Petitioner
- B.  Respondent

(1) Petitioner's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*City*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*Email address*

(2) Respondent's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*City*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*Email address*

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**2. Request for Relief**

**A. Children** *Check all that are true*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2)  There are no children under the age of 18 who were adopted or born during this marriage.
- (3)  There are no children 18 years of age or older who still need support.
- (4)  Neither Petitioner nor Respondent is pregnant.

**B. Breakdown of marriage**

The marriage is broken down and cannot be saved.

**C. Counseling**

Counseling will not save the marriage.

**D. Waiting period before decree** *Check one*

- (1)  More than 90 days have passed since Respondent was served with an Original Notice.
- (2)  Fewer than 90 days have passed since Respondent was served with an Original Notice, but I want the court to take action right away without a separate hearing. There are no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how I would like to settle all issues in my divorce.

**E. Financial affidavits** *Check one*

- (1)  I filed a Financial Affidavit (124). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- (2)  I am asking that the court not require me to file a Financial Affidavit. *Explain*

\_\_\_\_\_

**F. Division of personal property** *Check one*

- (1)  All of the personal property obtained during the marriage has been divided. I ask that Petitioner will keep the personal property in Petitioner's possession, and Respondent will keep the personal property in Respondent's possession. *If you check (1), skip to G.*
- (2)  I ask that our personal property be divided as follows: *Attach additional sheets if necessary.*
  - a. Petitioner will get the following as Petitioner's separate personal property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. Respondent will get the following as Respondent's separate personal property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**G. Division of real estate**

*For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.*

(1) Ownership of real estate

*Check one*

- a.  We do not own any real estate. *If you check a, skip to H.*
- b.  We own real estate located at: \_\_\_\_\_,  
*Street address*  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, and  
State of \_\_\_\_\_. This land is described in the deed as follows:

(2) The real estate shall be:

*Check one*

- a.  Sold and the profit or debt divided \_\_\_\_\_% to Petitioner and \_\_\_\_\_% to Respondent.
- b.  Awarded to Petitioner, subject to all liens and mortgages.
- c.  Awarded to Respondent, subject to all liens and mortgages.
- d.  Other *Explain* \_\_\_\_\_

(3) Additional real estate

*Check this box if you are attaching separate sheets for additional parcels of real estate.*

**H. Division of debts**

*Check one*

- (1)  There are no debts.
- (2)  I have listed all the debts I know about and ask that they be divided as follows:  
*Attach additional sheets if necessary.*
  - a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

**I. Cash payment**

I ask that

Check one

- (1)  Neither Petitioner nor Respondent pay any money to the other.
- (2)  Petitioner pay Respondent \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  

*Month*
*Day*
*Year*
- (3)  Respondent pay Petitioner \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  

*Month*
*Day*
*Year*

**J. Spousal support (alimony)**

Check one

I ask that:

- (1)  Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2)  Spousal support (alimony) be paid as follows: \_\_\_\_\_

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**K. Name change**

*Check one*

**I ask that my last name**

(1)  Not be changed.

(2)  Be changed to: \_\_\_\_\_ *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*  
*Print your former or birth name*

**L. Court fees**

*Check one*

**I ask that**

(1)  Petitioner will pay all court fees.

(2)  Respondent will pay all court fees.

(3)  Petitioner and Respondent shall each pay one-half of the remaining court fees.

(4)  Petitioner and Respondent shall each pay one-half of the total court fees.

**M. Attorney's fees**

*Check one*

(1)  I have no attorney's fees.

(2)  I will pay my own attorney's fees.

(3)  I ask that my spouse pay me \$ \_\_\_\_\_ for attorney's fees.

**N. Necessary documents**

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Decree.

**O. Other request for relief** *Attach additional sheets if necessary.* \_\_\_\_\_

**3. Statements of understanding and fact**

*Check all that apply*

A.  I have made a full disclosure of my property and debts to the court.

B.  This request for relief addresses all issues in my divorce.

C.  I want the court to approve this request for relief and make it part of the final Decree.

*Continued on next page*

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**4. Attorney Help***Check one*

- A.  An attorney did not help me prepare or fill in this paper.  
 B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**5. Certification of Service by Mailing or Delivery**

*Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing.  
 This document, if filed electronically will automatically be served on registered parties.*

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_\_  
*Print your name*      *Month*      *Day*      *Year*

I mailed or gave a copy of this Request to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Party's or attorney's mailing address*      *City*      *State*      *ZIP code*

**6. Oath and Signature**

I, \_\_\_\_\_, have read this Request, and I certify under penalty  
*Print your name*

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Request is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.100—Form 128 Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children**

*Caution: This form may require you to provide protected or confidential information.*

**Use this form only if** you and your spouse both agree to the terms of a settlement agreement.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*

 *If filing in paper, you may use form 111 to provide any protected information in full.*

**Do not use this form if:**

- You and your spouse have children under the age of 18, or
- You and your spouse have children 18 years of age or older who still need support.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
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**1. Personal Information** *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your address, phone number, and email blank.*

**A. Petitioner's birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*

**B. Respondent's birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**2. Agreements**

We agree to the following:

**A. Children** *Check all that are true*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2)  There are no children under the age of 18 who were adopted or born during this marriage.
- (3)  There are no children 18 years of age or older who still need support.
- (4)  Neither Petitioner nor Respondent is pregnant.

**B. Breakdown of marriage**

The marriage is broken down and cannot be saved.

**C. Counseling**

Counseling will not save the marriage.

**D. Waiting period before decree** *Check one*

- (1)  More than 90 days have passed since Respondent was served with an Original Notice.
- (2)  Fewer than 90 days have passed since Respondent was served with an Original Notice, but we want the court to take action right away without a separate hearing. We have no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how we would like to settle all issues in our divorce.

**E. Financial affidavits** *Check one*

- (1)  Petitioner or Respondent has filed a Financial Affidavit (124).  
*If you check (1), check a and/or b.*
  - a.  Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts.
  - b.  Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and value of all assets and debts.
- (2)  We are asking that the court not require us to file Financial Affidavits because: *Explain*

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**F. Division of personal property**

*Check one*

- (1)  We have divided our personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.  
*If you check (1), skip to G.*
- (2)  Our personal property will be divided as follows:  
*Attach additional sheets if necessary.*

- a. Petitioner will get the following as Petitioner's separate personal property:

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Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

b. Respondent will get the following as Respondent's separate personal property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Division of real estate**

*For each parcel of real estate you own, provide the following information.  
Attach a separate sheet for each additional parcel.*

(1) Ownership of real estate

*Check one*

a.  We do not own any real estate. *If you check a, skip to H.*

b.  We own real estate located at: \_\_\_\_\_,  
*Street address*

in the City of \_\_\_\_\_, County of \_\_\_\_\_, and

State of \_\_\_\_\_. This land is described in the deed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) The real estate shall be:

*Check one*

a.  Sold and the profit or debt divided \_\_\_\_\_% to Petitioner and \_\_\_\_\_%  
to Respondent.

b.  Awarded to Petitioner, subject to all liens and mortgages.

c.  Awarded to Respondent, subject to all liens and mortgages.

d.  Other *Explain* \_\_\_\_\_  
\_\_\_\_\_

(3) Additional real estate

*Check this box if you are attaching separate sheets for additional parcels of real estate.*

**H. Division of debts**

*Check one*

(1)  There are no debts.

(2)  We have listed all the debts that we know about and ask that they be divided as follows:  
*Attach additional sheets if necessary.*

***Continued on next page***

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

**I. Cash payment**

**We ask that**

*Check one*

- (1)  Neither Petitioner nor Respondent pay any money to the other.
- (2)  Petitioner pay Respondent \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (3)  Respondent pay Petitioner \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

***Continued on next page***

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**J. Spousal support (alimony)**

*Check one*

**We ask that:**

- (1)  Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2)  Petitioner pay spousal support (alimony) to Respondent as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (3)  Respondent pay spousal support (alimony) to Petitioner as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**K. Name change**

*Check one*

**We ask that**

**(1) Petitioner's name**

- a.  Not be changed.
- b.  Be changed to:

*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*

\_\_\_\_\_  
*Print Petitioner's former or birth name*

**(2) Respondent's name**

- a.  Not be changed.
- b.  Be changed to:

*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*

\_\_\_\_\_  
*Print Respondent's former or birth name*

**L. Court fees**

*Check one*

**We ask that**

- (1)  Petitioner will pay all court fees.
- (2)  Respondent will pay all court fees.
- (3)  Petitioner and Respondent shall each pay one-half of the remaining court fees.
- (4)  Petitioner and Respondent shall each pay one-half of the total court fees.

***Continued on next page***

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**M. Attorney's fees**

(1) Petitioner's attorney's fees

*Check one*

- a.  Petitioner has no attorney's fees.  
b.  Petitioner will pay Petitioner's attorney's fees.  
c.  Respondent will pay \$ \_\_\_\_\_ for Petitioner's attorney's fees.

(2) Respondent's attorney's fees

*Check one*

- a.  Respondent has no attorney's fees.  
b.  Respondent will pay Respondent's attorney's fees.  
c.  Petitioner will pay \$ \_\_\_\_\_ for Respondent's attorney's fees.

**N. Necessary documents**

We will sign and promptly deliver to each other any papers that may be needed to carry out this Settlement Agreement.

**O. Other agreements**

*Attach additional sheets if necessary.*

*Continued on next page*

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**3. Attorney Help**

*Check one*

**A. Petitioner**

- (1)  An attorney did not help me prepare or fill in this paper.
- (2)  An attorney helped me prepare or fill in this paper.

*If you check (2), you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**B. Respondent**

- (1)  An attorney did not help me prepare or fill in this paper.
- (2)  An attorney helped me prepare or fill in this paper.

*If you check (2), you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**4. Oaths and Signatures**

This Settlement Agreement addresses all issues in our divorce. We have made a full disclosure of our property and debts to each other. We want the court to approve this agreement and make it a part of the final Decree.

**A. Petitioner's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month*      *Day*      *Year*      *Petitioner's signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

( ) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address – if available*

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

***Continued on next page***

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

B. Respondent's Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Respondent's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**FL-17.301 APPLICATION TO MODIFY CHILD SUPPORT ONLY**

**PRINT CLEARLY**

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where the current child support is ordered)*

**B.** UPON THE PETITION OF

\_\_\_\_\_

PETITIONER *(As it is in the original case)*

VS

RESPONDENT *(As it is in the original case)*

Equity case number:  _____
Application to Modify Child Support Only <i>(CLERK STAMPS HERE)</i>

**▶ Stop! You must file this form in the same county where your current child support order is entered. If you cannot file it in the same county, see an attorney.**

**C. PERSONAL INFORMATION**

**1.** Applicant's *(your)* name, year of birth and present residence:

\_\_\_\_\_ *(Full name)* \_\_\_\_\_ *(Year of birth)*

\_\_\_\_\_ *(Present street address)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP Code)*

\_\_\_\_\_ *(County)* \_\_\_\_\_ *( )* \_\_\_\_\_ *(Phone number)*

**2.** Other parent's name, year of birth, and present residence:

\_\_\_\_\_ *(Full name)* \_\_\_\_\_ *(Year of birth)*

\_\_\_\_\_ *(Present street address)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP Code)*

\_\_\_\_\_ *(County)* \_\_\_\_\_ *( )* \_\_\_\_\_ *(Phone number)*

**3.** If someone other than a parent gets child support in this case, write the person's name, year of birth, and present address:

\_\_\_\_\_ *(Full name)* \_\_\_\_\_ *(Year of birth)*

\_\_\_\_\_ *(Present street address)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP Code)*

\_\_\_\_\_ *(County)* \_\_\_\_\_ *( )* \_\_\_\_\_ *(Phone number)*

**D. GENERAL INFORMATION ABOUT THIS CASE**

**4.** Information about the current child support order:

- a. Date entered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)
- b. County and state where the current order is entered: \_\_\_\_\_
- c. Case number on the current child support order: \_\_\_\_\_
- d. (Name) \_\_\_\_\_ pays child support in this case.  
 (Name) \_\_\_\_\_ receives child support in this case.
- e. The current child support payment is: \$ \_\_\_\_\_ per \_\_\_\_\_  
(Week or month)

**5.** (Check if true.)  A copy of the current child support order is attached.

**6.** (Check all that are true.)

- The Child Support Recovery Unit (CSRU) is involved in this case.
- The Collection Services Center (CSC) is involved. The CSC number is: \_\_\_\_\_

**7.** (Check if true.)

There are other child support orders for the child or children involved in this case. They are:  
*(If you check this box, write in the following information.)*

Case # \_\_\_\_\_ County & State \_\_\_\_\_  
 Case # \_\_\_\_\_ County & State \_\_\_\_\_

**8.** The following children are covered by the current child support order:

<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

*Note:* If you need more lines to list the children, attach a separate sheet and check this box:

**► Stop! If there is a court order that sets up custody and you need to change custody, you cannot use this form. Talk to an attorney if you need to change custody**



**15.** Other information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. REQUEST OF THE APPLICANT (You are the Applicant)**

- 16.** Applicant asks the court to: *(Check all that apply.)*
- a.  Raise the current child support payment.
  - b.  Lower the current child support payment.
  - c.  End the current child support payment.
  - d.  Set child support for the parent who does not have the children.
  - e.  Change who gets the tax deduction for the child or children.
  - f.  Change who pays for health care expenses for the child or children.
  - g.  Order that the other party pay the court fees.
  - h.  Order that the other party pay my attorney fees.
  - i.  Other request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. ATTORNEY HELP**

- (Check one.)*
- a.  An attorney did not help me prepare or fill in this paper.
  - b.  An attorney helped me prepare or fill in this paper.  
*(If you check b., you must fill in the following information.)*

\_\_\_\_\_  
*(Name of attorney or organization, if any)*                      *(Attorney's P.I.N. # – Ask the attorney)*

\_\_\_\_\_  
*(Business address of attorney or organization)*                      *(City)*                      *(State)*                      *(ZIP Code)*

(\_\_\_\_\_)                      (\_\_\_\_\_)  
*(Attorney's phone number – Required)*                      *(Attorney's fax number, if there is one)*

**G. OATH AND SIGNATURE**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Application is true and correct.

\_\_\_\_\_  
*(Your signature – Required)*

\_\_\_\_\_  
*(Your mailing address – Required)*                      *(City – Required)*                      *(State, ZIP Code – Required)*

\_\_\_\_\_  
*(E-mail address – Optional)*                      (\_\_\_\_\_)                      *(Fax number – Optional)*

**NOTICE TO APPLICANT:** You must serve this form and an Original Notice (**FL-17.304**) on the other parties. If the Child Support Recovery Unit (CSRU) is involved in this case (see item 6, above), you must also serve both forms on the CSRU. See the instructions for forms **FL-17.301** and **FL-17.304**.



**FL-17.303** CONFIDENTIAL INFORMATION FORM

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where Application is filed)*

**B.** UPON THE PETITION OF  
\_\_\_\_\_

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number: _____
<b>Confidential Information Form</b> <i>(CLERK STAMPS HERE)</i>

**C. APPLICANT'S INFORMATION** *(The person who files the Application to modify child support)*

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Number City State ZIP Code*

Soc. Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street Number City State ZIP Code*

Employer's Telephone #: \_\_\_\_\_

**D. OTHER PARTY'S INFORMATION**

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Number City State ZIP Code*

Soc. Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**FL-17.303 CONFIDENTIAL INFORMATION FORM**

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
*Street Number City State ZIP Code*

Employer's Telephone #: \_\_\_\_\_

**E. CHILDREN'S INFORMATION**

*Fill in the name and other information for each child in this case:*

**1.** Name: \_\_\_\_\_  
*Last First Middle*

Soc. Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**2.** Name: \_\_\_\_\_  
*Last First Middle*

Soc. Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**3.** Name: \_\_\_\_\_  
*Last First Middle*

Soc. Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**4.** Name: \_\_\_\_\_  
*Last First Middle*

Soc. Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**5.** Name: \_\_\_\_\_  
*Last First Middle*

Soc. Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*If there are more than five children, attach an additional sheet with this same information for the others and check here:*

**F. SIGNATURE**

The party or parties submit the above information in compliance with the Court's Order and with the knowledge the information will be used to enforce any support Order under the *Code of Iowa*, Chapters 234, 252A, 252C, 252F, 252H, 252K, or 600B, as provided for in Section 598. The parties must *promptly* file with the Clerk of the District Court or the Child Support Recovery Unit an update of this information if their address or employment change.

Information given by: \_\_\_\_\_  
*(Print your full name)*

\_\_\_\_\_  
*(Your signature)* \_\_\_\_\_  
*(Date)*

**IMPORTANT NOTICE: DO NOT GIVE COPIES OF THIS FORM TO ANYONE EXCEPT THE CLERK OF DISTRICT COURT**







**FL-17.309 APPLICATION AND AFFIDAVIT TO DEFER PAYMENT OF COSTS**

**PRINT CLEARLY**

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where the Application is filed)*

**B.** UPON THE PETITION

\_\_\_\_\_

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

<p>Equity case number:</p> <hr/> <p><b>Application and Affidavit to Defer Payment of Costs</b> <i>(CLERK STAMPS HERE)</i></p>
---

**C. REQUEST**

**1.** My name is: \_\_\_\_\_ *(Print clearly.)*

**2.** *(Check all that apply.)*

- a.  I am unable to pay the filing fee or service costs or other court costs.
- b.  I ask the Court for permission to proceed without prepayment of costs and fees.
- c.  I am filing this application and affidavit in good faith.
- d.  I believe I am entitled to what I am asking for in this case.

**D. FINANCIAL INFORMATION**

**3.** Number of people living in my household: \_\_\_\_\_

**4.** My household income is \$\_\_\_\_\_ per month.  
*(Put the amount of all income and benefits before deductions.)*

**5.** List where your household income comes from (examples: employer or benefits such as unemployment, Title 19, FIP): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6.** My household has the following monthly expenses:

- a. Rent or mortgage     \$ \_\_\_\_\_
- b. Utilities                 \$ \_\_\_\_\_
- c. Telephone               \$ \_\_\_\_\_
- d. Food                       \$ \_\_\_\_\_
- e. Transportation         \$ \_\_\_\_\_

**7.** I have \$ \_\_\_\_\_ in cash, checking and savings.

**E. ATTORNEY HELP**

- (Check one.) a.  An attorney did not help me prepare or fill in this paper.  
 b.  An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

_____	_____
<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # – Ask the attorney)</i>
_____	_____
<i>(Business address of attorney or organization)</i>	<i>(City) (State) (ZIP Code)</i>
( _____ )	( _____ )
<i>(Attorney's phone number – Required)</i>	<i>(Attorney's fax number, if there is one)</i>

**F. OATH AND SIGNATURE**

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_,

*(Print your name) (Month & day) (Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

_____
<i>(Name of person to whom I delivered or mailed it)</i>
_____
<i>(Person's street address) (City) (State) (ZIP Code)</i>

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

*(Your signature – Required)* \_\_\_\_\_

_____	_____	_____
<i>(Your mailing address – Required)</i>	<i>(City – Required)</i>	<i>(State, ZIP Code – Required)</i>
_____	( _____ )	_____
<i>(E-mail address – Optional)</i>	<i>(Fax number – Optional)</i>	

**FL-17.315 ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY**

**PRINT CLEARLY**

**A. IN THE DISTRICT COURT FOR** \_\_\_\_\_ **COUNTY, IOWA**  
*(County where the Application is filed)*

**B. UPON THE PETITION OF**

\_\_\_\_\_

**PETITIONER** *(As it is in the Application)*

**VS**

\_\_\_\_\_ **RESPONDENT** *(As it is in the Application)*

<b>Equity case number:</b>
_____
<b>Answer to Application to Modify Child Support Only (CLERK STAMPS HERE)</b>

▶ **STOP! Use this form only if you are responding to an Application for Modification of Child Support on form **FL-17.301**. For all other situations, see the instructions for this form.**

**C. PERSONAL INFORMATION**

**1.** *(Check only one. If you check the second box, fill in the blanks.)*

- The Applicant's year of birth and present residence are correct in the Application.
- The Applicant's year of birth and present residence are:

<i>(Name)</i>	<i>(Year of birth)</i>
<i>(Present street address)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
<i>(County)</i>	(     ) <i>(Phone number)</i>

**2. Response** *(Check only one. If you check the second box, fill in the blanks.)*

- My year of birth and present residence are correct in the Application.
- My year of birth and present residence are:

<i>(Name)</i>	<i>(Year of birth)</i>
<i>(Present street address)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
<i>(County)</i>	(     ) <i>(Phone number)</i>

**3.** (Check only one. If you check the third box, fill in the blanks.)

- There is no non-parent who gets child support in this case.
- The year of birth and present residence of the non-parent getting child support are correct in the Application.
- The correct identifying information for the non-parent receiving child support is:

(Name)	(Year of birth)		
(Present street address)	(City)	(State)	(ZIP Code)
(County)	( )	(Phone number)	

**D. GENERAL INFORMATION ABOUT THIS CASE****4.**

## a. (Check only one. If you check the second box, fill in the blanks.)

- The date of the current child support order is correct in the Application.
- The correct date of the current child support order is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.
- Month    Day    Year

## b. (Check only one. If you check the second box, fill in the blanks.)

- The county and state of the current child support order are correct in the Application.
- The correct county and state of the current child support order are:

County: \_\_\_\_\_ State: \_\_\_\_\_

## c. (Check only one. If you check the second box, fill in the blank.)

- The case number of the current child support order is correct in the Application.
- The correct case number of the current child support order is: \_\_\_\_\_.

## d. (Check only one. If you check the second box, fill in the blanks.)

- The Application correctly states who receives and who pay child support.
- The correct information is that (name) \_\_\_\_\_ pays child support in this case and (name) \_\_\_\_\_ receives child support.

## e. (Check only one. If you check the second box, fill in the blanks.)

- The Application correctly states the amount of child support ordered.
- The correct currently ordered child support payment is: \$ \_\_\_\_\_ per \_\_\_\_\_.
- (week or month)

**5.** (Check only one.)

- a.  A copy of the current child support order was attached to the Application.
- b.  A copy of the current child support order was not attached to the Application.

**6.** (Check only one. If you check the second box, fill in the blank.)

- a.  The Child Support Recovery Unit and/or the Collection Services Center are not involved.
- b.  The child support recovery unit and/or the Collection Services Center (CSC) are involved.

The CSC number for payments is \_\_\_\_\_.

**7.** (Check only one. If you check the second box, fill in the blanks.)

- a.  There are no other child support orders for the child or children involved in this case.
- b.  There are other child support cases for the child or children involved in this case. They are  
 Case # \_\_\_\_\_, County and State \_\_\_\_\_  
 Case # \_\_\_\_\_, County and State \_\_\_\_\_

**8.** (Check only one. If you check the second box, fill in the blanks.)

- a.  The Application correctly identifies the children covered by the current child support order.
- b.  The Application does not correctly identify the children covered by the current child support order. (Identify the children covered.) The following children are covered by the current support order:

<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
(6) _____	_____

(If you attach a separate sheet with an additional child or children, check this box )

**9.**

- a. (Check only one.)
  - It is correct that there is a juvenile court order changing placement and that the person paying support has the child or children.
  - There is no juvenile court order that gives care of the child to the party paying support.
- b. (Check only one.)
  - It is correct that one or more of the children now live with the person paying support.
  - None of the children live with the person who is ordered to pay support.
- c. (Check only one.)
  - It is correct that one or more of the children no longer qualifies for support.
  - There has been no change in the number of children who qualify for support.
- d. (Check only one.)
  - I agree that the other party's income has gone down.
  - I do not agree that the other party's income has gone down.
- e. (Check only one.)
  - I agree that my income has gone up.
  - I do not agree that my income has gone up.

f.  My response to the other reason in the Application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10.** Child support should: *(Check all that apply. If you check more than one, explain on the blank lines.)*

- a.  Be raised \_\_\_\_\_
- b.  Be lowered \_\_\_\_\_
- c.  Be stopped \_\_\_\_\_
- d.  Not be changed \_\_\_\_\_

**11.** *(Check only one.)*

- a.  There is no court order at this time on tax deductions for the child or children.
- b.  A court order currently says who gets the tax deduction for the child or children and it should stay the same.
- c.  A court order currently says who gets the tax deduction for the child or children and it should be changed.

**12.** *(Check only one.)*

- a.  There is no court order at this time on who pays for health care expenses for the child or children.
- b.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c.  A court order currently says who pays for health care expenses for the child or children and it should be changed.

**13.** I am: *(Check all that are true and fill in the blanks for the ones you check.)*

a.  In the military service. *(Give the location.)*

\_\_\_\_\_  
 b.  In prison or jail. *(Give the location.)*  
 \_\_\_\_\_

**14.** *(Check if true, and fill in the blanks if you check the box.)*

There is a “protective order” or a “no contact order” between the other party and me. If this box is checked, write in the following information *(Required)*:

\_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Case number)

**15.** Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**FL-17.316** GENERAL ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY

**PRINT CLEARLY**

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where Application is filed)*

**B.** UPON THE PETITION OF

\_\_\_\_\_  
\_\_\_\_\_  
PETITIONER *(As it is in the Application)*

VS

\_\_\_\_\_  
RESPONDENT *(As it is in the Application)*

<p>Equity case number:</p> <hr/> <p><b>General Answer to Application to Modify Child Support Only</b> <i>(CLERK STAMPS HERE)</i></p>
--

▶ **STOP!** If you are responding to an Application labeled **FL-17.301** → do not use this form. Use form **FL-17.315**

**C. ANSWER**

**1.** I admit that these paragraphs in the Application are true:

\_\_\_\_\_  
*(List the numbers of the paragraphs in the Application that you think are true.)*

**2.** I deny these paragraphs in the Application are true:

\_\_\_\_\_  
*(List the numbers of the paragraphs in the Application that you think are false.)*

**3.** I do not know whether these paragraphs in the Application are true:

\_\_\_\_\_  
*(List the numbers of the paragraphs in the Application that you are not sure about.)*

**4.** I deny anything in the Application that is not admitted in this Answer.

**5.** Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. REQUEST**

I ask the court to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. ATTORNEY HELP**

- (Check one.) a.  An attorney did not help me prepare or fill in this paper.
- b.  An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

\_\_\_\_\_  
(Name of attorney or organization, if any)      \_\_\_\_\_  
(Attorney's P.I.N. # - Ask the attorney)

\_\_\_\_\_  
(Business address of attorney or organization)      \_\_\_\_\_  
(City)      (State)      (ZIP Code)

(\_\_\_\_\_)      \_\_\_\_\_  
(Attorney's phone number - Required)      (Attorney's fax number, if there is one)

**F. OATH AND SIGNATURE**

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_\_,  
(Print your name)      (Month & day)      (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

\_\_\_\_\_  
(Name of person to whom I delivered or mailed it)

\_\_\_\_\_  
(Person's street address)      \_\_\_\_\_  
(City)      (State)      (ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature - Required) \_\_\_\_\_

\_\_\_\_\_  
(Your mailing address - Required)      \_\_\_\_\_  
(City - Required)      (State, ZIP Code - Required)

\_\_\_\_\_  
(E-mail address - Optional)      \_\_\_\_\_  
(Fax number - Optional)

**FL-17.322 MOTION**

**PRINT CLEARLY**

**A. IN THE DISTRICT COURT FOR** \_\_\_\_\_ **COUNTY, IOWA**  
*(County where the Application is filed)*

**B. UPON THE PETITION**

\_\_\_\_\_  
\_\_\_\_\_  
**PETITIONER** *(As it is in the Application)*  
  
VS.  
\_\_\_\_\_  
**RESPONDENT** *(As it is in the Application)*

<b>Case Number:</b>
<b>Motion</b> <i>(CLERK STAMPS HERE)</i>

**C. REQUEST**

**1.** My name is: \_\_\_\_\_

**2.** I ask the court to: *(Check all that apply.)*  
a.  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
b.  Set a hearing date for a modification of child support.  
c.  Other request *(explain)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.** I am making this request because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. ATTORNEY HELP**

*(Check one.)* a.  An attorney did not help me prepare or fill in this paper.  
b.  An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

\_\_\_\_\_  
*(Name of attorney or organization, if any)*      \_\_\_\_\_  
*(Attorney's P.I.N. # – Ask the attorney)*

\_\_\_\_\_  
*(Business address of attorney or organization)*      \_\_\_\_\_  
*(City)*      \_\_\_\_\_  
*(State)*      \_\_\_\_\_  
*(ZIP Code)*

(\_\_\_\_\_) \_\_\_\_\_  
*(Attorney's phone number – Required)*      \_\_\_\_\_  
*(Attorney's fax number, if there is one)*

**E. CERTIFICATION AND SIGNATURE**

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_\_,  
*(Print your name)* *(Month & day)* *(Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*(Name of person to whom I delivered or mailed it)*

\_\_\_\_\_ *(Person's street address)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP Code)*

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

*(Your signature – Required)* \_\_\_\_\_

\_\_\_\_\_ *(Your mailing address – Required)* \_\_\_\_\_ *(City – Required)* \_\_\_\_\_ *(State, ZIP Code – Required)*

\_\_\_\_\_ *(E-mail address – Optional)* ( \_\_\_\_\_ ) \_\_\_\_\_ *(Fax number – Optional)*

**FL-17.323**    **RESPONSE TO A MOTION**

**PRINT CLEARLY**

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where you're the Application is filed)*

**B.** UPON THE PETITION OF

\_\_\_\_\_

PETITIONER *(As it is in the Application)*

VS.

\_\_\_\_\_

RESPONDENT *(As it is in the Application)*

<b>Equity case number:</b>
_____
<b>Response to a Motion</b>
<i>(CLERK STAMPS HERE)</i>

**C. RESPONSE TO THE MOTION**

**1.** My name is \_\_\_\_\_

**2.** The other party filed a Motion on *(date stamped on Motion)*: \_\_\_\_\_, 20\_\_\_\_.  
*(Month & day) (Year)*

**3.** My response to the Motion: *(Check one; if you check "a.," write your reason on the blank lines.)*

a.  I object to the request(s) in the Motion because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.  I do not object to the request(s) in the Motion

**D. ATTORNEY HELP**

*(Check one.)* a.  An attorney did not help me prepare or fill in this paper.

b.  An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

\_\_\_\_\_ *(Name of attorney or organization, if any)*      \_\_\_\_\_ *(Attorney's P.I.N. # – Ask the attorney)*

\_\_\_\_\_ *(Business address of attorney or organization)*      \_\_\_\_\_ *(City)*      \_\_\_\_\_ *(State)*      \_\_\_\_\_ *(ZIP Code)*

(\_\_\_\_\_) \_\_\_\_\_ *(Attorney's phone number – Required)*      (\_\_\_\_\_) \_\_\_\_\_ *(Attorney's fax number, if there is one)*

**E. CERTIFICATION AND SIGNATURE**

I, \_\_\_\_\_ certify that on \_\_\_\_\_, 20\_\_\_\_\_,  
*(Print your name)* *(Month & day)* *(Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*(Name of person to whom I delivered or mailed it)*

\_\_\_\_\_ (Person's street address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

*(Your signature – Required)* \_\_\_\_\_

\_\_\_\_\_ *(Your mailing address – Required)* \_\_\_\_\_ *(City – Required)* \_\_\_\_\_ *(State, ZIP Code – Required)*

\_\_\_\_\_ *(E-mail address – Optional)* ( \_\_\_\_\_ ) *(Fax number – Optional)*

**FL-17.324 CHILD SUPPORT MODIFICATION FINANCIAL STATEMENT**

**PRINT CLEARLY**

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where the Application is filed)*

**B.** UPON THE PETITION OF

\_\_\_\_\_  
\_\_\_\_\_  
**PETITIONER** *(As it is in the Application)*

VS

\_\_\_\_\_  
**RESPONDENT** *(As it is in the Application)*

Equity case number: _____
<b>Child Support Modification Financial Statement</b> <i>(CLERK STAMPS HERE)</i>

I, *(print your name)* \_\_\_\_\_, state that the following is a true and complete statement of the requested information:

**C. MY INCOME**

*(Because this financial statement will become public record, you are not required to list the name of your employer(s).)*

**1. Income from my employment**

**a.** Job / Title: \_\_\_\_\_

Gross income: \$ \_\_\_\_\_ per \_\_\_\_\_  
*-- Before taxes (week or month)*

Net income: \$ \_\_\_\_\_ per \_\_\_\_\_  
*-- After taxes (week or month)*

**b.** Job / Title: \_\_\_\_\_

Gross income: \$ \_\_\_\_\_ per \_\_\_\_\_  
*-- Before taxes (week or month)*

Net income: \$ \_\_\_\_\_ per \_\_\_\_\_  
*-- After taxes (week or month)*

**2. Other Income:** \$ \_\_\_\_\_ per \_\_\_\_\_ Describe source of income: \_\_\_\_\_  
*(week or month)*

**3. Income from Social Security Disability (SSD) Benefits**

**a.** Total SSD benefits paid to you for your disability:

(1) Amount paid for your expenses: \$ \_\_\_\_\_ per month

(2) Amount paid for your children's expenses: \$ \_\_\_\_\_ per month

b. List the initials (first, middle, last) and birth year of the children in your home who receive SSD benefits:

Child's initials (first, middle, last)	Birth year:
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

c. The following are my children who receive Social Security Disability benefits but live with someone else:

Child's initials (first, middle, last):	Amount of SSD benefit:	Name of person receiving payment:
(1) _____	\$ _____ per month	_____
(2) _____	\$ _____ per month	_____
(3) _____	\$ _____ per month	_____
(4) _____	\$ _____ per month	_____
(5) _____	\$ _____ per month	_____

d. Total SSD benefits paid to someone else for the children in "2.c.": \$ \_\_\_\_\_ per month

e. Total SSD benefits paid to you because you are the spouse of the disabled parent:  
\$ \_\_\_\_\_ per month

**D. MY DEDUCTIONS**

- 4.** Tax Status:
- a. I am currently married to the other parent. *(Check one.)*       Yes     No
  - b. I have custody of the child or children in this case. *(Check one.)*       Yes     No

**5.** Number of exemptions: Yourself: 1 Children: \_\_\_\_\_

**6.** Income tax withheld: ..... Federal: \$ \_\_\_\_\_ per \_\_\_\_\_

State: \$ \_\_\_\_\_ per \_\_\_\_\_

**7.** FICA *(Social Security & Medicare)*: \$ \_\_\_\_\_ per \_\_\_\_\_

**8.** Mandatory pension contribution: \$ \_\_\_\_\_ per \_\_\_\_\_

**9.** Union dues: \$ \_\_\_\_\_ per \_\_\_\_\_

**10.** Dependent health insurance premium: \$ \_\_\_\_\_ per \_\_\_\_\_

Name(s) of dependent(s) covered: \_\_\_\_\_

**11. Actual medical support paid for the child or children as required by court order:**

Paid to:	Amount:
_____	\$ _____ per _____
_____	\$ _____ per _____
_____	\$ _____ per _____

**12. Parent's medical expenses that have not been paid by insurance: \$ \_\_\_\_\_ per \_\_\_\_\_**

*(This includes individual health insurance premiums or individual health care expenses that are not covered by insurance but the amount cannot exceed \$25 per month.)*

**13. Prior court-ordered child support or alimony:**

Paid to:	Amount:
_____	\$ _____ per _____
_____	\$ _____ per _____
_____	\$ _____ per _____

**14. Qualified additional dependent deduction**

*List the name and birth year of each child you are the legal parent of. **Do not include any children covered by the child support order involved in this case.***

Child's initials ( <i>First, middle, last</i> )	Birth year:
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

**15. Actual child care expense due to employment (*custodial parent only*): \$ \_\_\_\_\_ per \_\_\_\_\_**

**16. Extraordinary visitation**

Number of Court Ordered Overnights: \_\_\_\_\_

**NOTE: If the court ordered equally shared physical care for the children, this credit does not apply.**



**G. MY DEBTS** *(Regular payments owed for borrowed money)*

*(For example: credit cards, department stores, loan companies, banks, auto loans)*

(1) Payable to:	(2) Item or Service	(3) Payment Amount	(4) Balance Due
(a) _____	_____	\$ _____ per _____	\$ _____
(b) _____	_____	\$ _____ per _____	\$ _____
(c) _____	_____	\$ _____ per _____	\$ _____
(d) _____	_____	\$ _____ per _____	\$ _____
(e) _____	_____	\$ _____ per _____	\$ _____

If you have additional debts, attach an additional page and check this box

**H. CURRENT SPOUSE'S INCOME** *(If you are not currently married, skip to I.)*

(1) Job / Title: \_\_\_\_\_ (2) Job / Title: \_\_\_\_\_

Gross income: \$ _____ per _____ <i>-- Before taxes (week or month)</i>	Gross income: \$ _____ per _____ <i>-- Before taxes (week or month)</i>
Net income: \$ _____ per _____ <i>-- After taxes (week or month)</i>	Net income: \$ _____ per _____ <i>-- After taxes (week or month)</i>

(3) Other Income: \$ \_\_\_\_\_ per \_\_\_\_\_ Describe source of income: \_\_\_\_\_

**I. ATTORNEY HELP**

- (Check one.) a.  An attorney did not help me prepare or fill in this paper.  
 b.  An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

\_\_\_\_\_  
*(Name of attorney or organization, if any)*      \_\_\_\_\_  
*(Attorney's P.I.N. # – Ask the attorney)*

\_\_\_\_\_  
*(Business address of attorney or organization)*      \_\_\_\_\_  
*(City)*      \_\_\_\_\_  
*(State)*      \_\_\_\_\_  
*(ZIP Code)*

( \_\_\_\_\_ ) \_\_\_\_\_  
*(Attorney's phone number – Required)*      \_\_\_\_\_  
*(Attorney's fax number, if there is one)*

**Continued on the next page**

**J. OATH AND SIGNATURE**

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_,  
*(Print your name)* *(Month & day)* *(Year)*

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*(Name of person to whom I delivered or mailed it)*

\_\_\_\_\_  
*(Person's street address)*      \_\_\_\_\_  
*(City)*      \_\_\_\_\_  
*(State)*      \_\_\_\_\_  
*(ZIP Code)*

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

*(Your signature – Required)* \_\_\_\_\_

\_\_\_\_\_  
*(Your mailing address – Required)*      \_\_\_\_\_  
*(City – Required)*      \_\_\_\_\_  
*(State, ZIP Code – Required)*

\_\_\_\_\_  
*(E-mail address – Optional)*      \_\_\_\_\_  
*(Fax number – Optional)*

**FL-17.325 AFFIDAVIT OF MAILING NOTICE**

**PRINT CLEARLY**

**A. IN THE DISTRICT COURT FOR** \_\_\_\_\_ **COUNTY, IOWA**  
*(County where the Application is filed)*

**B. UPON THE PETITION OF**  
\_\_\_\_\_

**PETITIONER** *(As it is in the Application)*

VS

\_\_\_\_\_

**RESPONDENT** *(As it is in the Application)*

<p><b>Equity case number:</b></p> <hr/> <p><b>Affidavit of Mailing Notice</b> <i>(CLERK STAMPS HERE)</i></p>
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**C. ATTORNEY HELP**

- (Check one.)*
- a.  An attorney did not help me prepare or fill in this paper.
  - b.  An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

\_\_\_\_\_ *(Name of attorney or organization, if any)*      \_\_\_\_\_ *(Attorney's P.I.N. # - Ask the attorney)*

\_\_\_\_\_ *(Business address of attorney or organization)*      \_\_\_\_\_ *(City)*      \_\_\_\_\_ *(State)*      \_\_\_\_\_ *(ZIP Code)*

( \_\_\_\_\_ ) *(Attorney's phone number - required)*      ( \_\_\_\_\_ ) *(Attorney's fax number, if there is one)*

**D. OATH AND SIGNATURE**

I, the undersigned, certify under penalty of perjury and pursuant to the laws of the state of Iowa that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent by ordinary mail, with proper postage affixed, the following paper or papers *(check each that applies)*:

- Notice of Intent to File a Written Application for Default Decree
- Other document *(describe)*: \_\_\_\_\_

to the other party at his or her last known address as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

My signature: \_\_\_\_\_

**Notice to the Applicant:** You *must* file this form at the district court clerk's office if you ask the court for a final Decree for Modification of Child Support Only by default.



**FL-17.327** REQUEST FOR RELIEF IN AN APPLICATION TO MODIFY CHILD SUPPORT ONLY

**PRINT CLEARLY**

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where the Application was filed)*

**B.** UPON THE PETITION OF

\_\_\_\_\_

PETITIONER *(As it is in the application)*

VS

\_\_\_\_\_

RESPONDENT *(As it is in the application)*

Equity case number:  
\_\_\_\_\_  
**Request for Relief in an  
Application to Modify  
Child Support Only  
(CLERK STAMPS HERE)**

**C. PERSONAL INFORMATION**

**1.** Mother: \_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Present street address) (City) (State) (ZIP Code)*

\_\_\_\_\_  
*(County) (Year of birth)*

**2.** Father: \_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Present street address) (City) (State) (ZIP Code)*

\_\_\_\_\_  
*(County) (Year of birth)*

**3.** Person -- other than a parent -- who is receiving child support in this case:

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Present street address) (City) (State) (ZIP Code)*

\_\_\_\_\_  
*(County) (Year of birth)*

**D. REQUEST FOR RELIEF**

**4. Child Support** (Check all that are true and fill in the blanks for the ones you check.)

a.  Child support should be raised from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for (list the children and birth year):

<i>First, middle &amp; last initials of each child</i>	<i>Year of birth</i>	<i>First, middle &amp; last initials of each child</i>	<i>Year of birth</i>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

b.  Child support should be lowered from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for (list the children and birth year):

<i>First, middle &amp; last initials of each child</i>	<i>Year of birth</i>	<i>First, middle &amp; last initials of each child</i>	<i>Year of birth</i>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

c.  Check here if you want child support to be higher or lower than the Child Support Guidelines amount. (If you check this, write the amount you want and explain why.)

- (1) Amount requested: \$ \_\_\_\_\_ per month
- (2) Why it should be different than the Guidelines amount: \_\_\_\_\_

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d.  Child support should be stopped beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, for (list the children and birth year):

<i>First, middle &amp; last initials of each child</i>	<i>Year of birth</i>	<i>First, middle &amp; last initials of each child</i>	<i>Year of birth</i>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

**5. Tax dependency deduction** (Check the one that is true; if you check c. -- fill in the blanks.)

- a.  There is no court order at this time on tax dependency deduction.
- b.  A court order currently says who gets the tax dependency deduction for the child or children and it should stay the same.
- c.  A court order currently says who gets the tax dependency deduction for the child or children and it should be changed to the following:

	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>Parent who will now claim child for the tax deduction</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

**6. Health care expenses** (Check the one that is true.)

- a.  There is no court order at this time on who pays health care expenses.
- b.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c.  A court order currently says who pays for health care expenses for the child or children and it should be changed to the following:

	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>Parent who should now provide health insurance coverage</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

(Fill in the blanks.)

I should pay \_\_\_\_\_% of the out-of-pocket health care expenses.

The other parent should pay \_\_\_\_\_% of the out-of-pocket health care expenses.

**7. Court Fees** *(Check one.)*

- a.  All court fees should be paid by me.
- b.  All court fees should be paid by the other parent.
- c.  The other parent and I should pay one-half of the remaining court fees.
- d.  The other parent and I should pay one-half of the total court fees.

**8. Attorney's Fee.** *(Check one.)*

- a.  I have no attorney's fees
- b.  I will pay my own attorney's fees
- c.  I ask that the other parent pay me \$ \_\_\_\_\_ for attorney's fees.

**9. Necessary Documents.** I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the order.

**10. Other Request for Relief** *(Attach additional sheets if necessary.)*

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**11. Statements of Understanding and Fact** *(Check all that apply.)*

- a.  I have made a full disclosure of my income to the court.
- b.  This request for relief addresses all issues in the Application to Modify Child Support Only.
- c.  I want this Request for Relief to be approved by the court and made part of the final order.

**E. ATTORNEY HELP**

- (Check one.)*
- a.  An attorney did not help me prepare or fill in this paper.
  - b.  An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

\_\_\_\_\_ *(Name of attorney or organization, if any)*      \_\_\_\_\_ *(Attorney's P.I.N. # – Ask the attorney)*

\_\_\_\_\_ *(Business address of attorney or organization)*      \_\_\_\_\_ *(City)*      \_\_\_\_\_ *(State)*      \_\_\_\_\_ *(ZIP Code)*

( \_\_\_\_\_ ) *(Attorney's phone number – Required)*      ( \_\_\_\_\_ ) *(Attorney's fax number, if there is one)*

**F. OATH AND SIGNATURE**

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_,  
*(Print your name)* *(Month & day)* *(Year)*

I mailed or gave a copy of this form to all other parties and attorneys *(list the names)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Request for Relief" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I ask that this document be presented to a judge for approval and filing with the court.

*(Your signature - Required)* \_\_\_\_\_

\_\_\_\_\_  
*(Your mailing address - Required)*      *(City - Required)*      *(State, ZIP Code - Required)*

\_\_\_\_\_  
*(E-mail address - Optional)*      (      )  
*(Fax number - Optional)*

**FL-17.328** SETTLEMENT AGREEMENT FOR AN APPLICATION TO MODIFY CHILD SUPPORT ONLY

**PRINT CLEARLY**

**A.** IN THE DISTRICT COURT FOR \_\_\_\_\_ COUNTY, IOWA  
*(County where the Application was filed)*

**B.** UPON THE PETITION OF

\_\_\_\_\_

PETITIONER *(As it is in the application)*

VS

RESPONDENT *(As it is in the application)*

Equity case number:  
\_\_\_\_\_  
**Settlement Agreement for an  
Application to Modify  
Child Support Only  
(CLERK STAMPS HERE)**

**C. PERSONAL INFORMATION**

**1.** Mother: \_\_\_\_\_  
*(Name)*

\_\_\_\_\_ *(Present street address)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP Code)*

\_\_\_\_\_ *(County)* \_\_\_\_\_ *(Year of birth)*

**2.** Father: \_\_\_\_\_  
*(Name)*

\_\_\_\_\_ *(Present street address)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP Code)*

\_\_\_\_\_ *(County)* \_\_\_\_\_ *(Year of birth)*

**3.** Person -- other than a parent -- who is receiving child support in this case:

\_\_\_\_\_ *(Name)*

\_\_\_\_\_ *(Present street address)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP Code)*

\_\_\_\_\_ *(County)* \_\_\_\_\_ *(Year of birth)*

**D. AGREEMENT**

**4. Child Support** (Check all that are true and fill in the blanks for the ones you check.)

a.  Child support should be raised from \$\_\_\_\_\_ per month to \$\_\_\_\_\_ per month beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for (list the children and birth year):

<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

b.  Child support should be lowered from \$\_\_\_\_\_ per month to \$\_\_\_\_\_ per month beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for (list the children and birth year):

<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

c.  Check here if you want child support to be higher or lower than the Child Support Guidelines amount. (If you check this, write the amount you want and explain why.)

(1) Amount requested: \$\_\_\_\_\_ per month

(2) Why it should be different than the Guidelines amount: \_\_\_\_\_

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d.  Child support should be stopped beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, for (list the children and birth year):

<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

**5. Tax dependency deduction** *(Check the one that is true; if you check c. -- fill in the blanks.)*

- a.  There is no court order at this time on tax dependency deduction.
- b.  A court order currently says who gets the tax dependency deduction for the child or children and it should stay the same.
- c.  A court order currently says who gets the tax dependency deduction for the child or children and it should be changed to the following:

	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>Parent who will now claim child for the tax deduction</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

*If there are more than six children, attach an additional sheet with this information – and check this box.*

**6. Health care expenses** *(Check the one that is true.)*

- a.  There is no court order at this time on who pays health care expenses.
- b.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c.  A court order currently says who pays for health care expenses for the child or children and it should be changed to the following:

	<u>First, middle &amp; last initials of each child</u>	<u>Year of birth</u>	<u>Parent who should now provide health insurance coverage</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

*If there are more than six children, attach an additional sheet with this information – and check this box.*

*(Fill in the blanks.)*

The mother should pay \_\_\_\_\_% of the out-of-pocket health care expenses.

The father should pay \_\_\_\_\_% of the out-of-pocket health care expenses.

**7. Court Fees** *(Check one.)*

- a.  All court fees will be paid by the mother.
- b.  All court fees will be paid by the father.
- c.  Each parent shall pay one-half of the remaining court fees.
- d.  Each parent shall pay one-half of the total court fees.

**8. Attorney's Fee.**

a. Mother's attorney's fees. *(Check one.)*

- (1)  Mother has no attorney's fees
- (2)  Mother will pay her own attorney's fees
- (3)  Father will pay \$\_\_\_\_\_ for Mother's attorney's fees.

b. Father's attorney's fees. *(Check one.)*

- (1)  Father has no attorney's fees
- (2)  Father will pay his own attorney's fees
- (3)  Mother will pay \$\_\_\_\_\_ for Father's attorney's fees.

**9. Necessary Documents.** We will sign and promptly deliver to each other any papers that may be needed to carry out this agreement.

**10. Other Agreements** *(Attach additional sheets if necessary.)*

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**11. Statements of Understanding and Fact** *(Check all that apply.)*

- a.  We have made a full disclosure of our income to the court.
- b.  This Settlement Agreement addresses all issues in the application to modify child support only.
- c.  We want this request to be approved by the court and made part of the final order.

**E. ATTORNEY HELP**

- 12. Mother** *(Check one.)*
- a.  An attorney did not help me prepare or fill in this paper.
  - b.  An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # – Ask the attorney)</i>
<i>(Business address of attorney or organization)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
(      )	(      )
<i>(Attorney's phone number – Required)</i>	<i>(Attorney's fax number, if there is one)</i>

- 13. Father** (Check one.) a.  An attorney did not help me prepare or fill in this paper.  
 b.  An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # – Ask the attorney)</i>
<i>(Business address of attorney or organization)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP Code)</i>
(      ) <i>(Attorney's phone number – Required)</i>	(      ) <i>(Attorney's fax number, if there is one)</i>

**F. OATH AND SIGNATURE**

This Settlement Agreement addresses all issues in the Application to Modify Child Support Only. We have made a full disclosure of our income to each other. We want this agreement to be approved by the court and made part of the final order.

**Mother's Oath and Signature:**

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

	<i>Mother's signature</i>
<i>Date signed</i>	<i>Mother's printed name</i>

**Father's Oath and Signature:**

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

	<i>Father's signature</i>
<i>Date signed</i>	<i>Father's printed name</i>

**STOP! If the Child Support Recovery Unite (CSRU) is involved in this case, or if a person other than a parent receives child support in this case, he or she must sign this form (see below).**

**Signature of Person Other than a Parent:**

\_\_\_\_\_  
*Signature – Person other than parent*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Printed name*

**Signature of CSRU Representative:**

\_\_\_\_\_  
*Signature – CSRU representative*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Printed name*